

**TARGETED SCREENING PLAN
FOR THE
DISTRICT OF COLUMBIA
CHILDHOOD LEAD POISONING, SCREENING AND EDUCATION
PROGRAM**

Introduction

The Childhood Lead Poisoning, Screening and Education Program (CLPSEP) is aware of the fact that the main purpose of a childhood lead poisoning program has been to identify asymptomatic lead-poisoned children and to intervene as quickly as possible to reduce their blood lead levels. An additional benefit of screening programs is that abatement of lead sources for poisoned children results in prevention of lead poisoning for children who would have been exposed to those sources in the future. As the focus in lead poisoning prevention turns to primary prevention, an additional benefit for screening is that data generated can be used in targeting interventions to places with children at high risk for lead poisoning

Background

Lead poisoning is a preventable public health problem. Exposure to lead can result in long-lasting neurological damage that may be associated with learning and behavioral problems and lowered intelligence. Identification and removal of the sources of lead poisoning are the most important ways to prevent lead poisoning. Education of medical providers, housing personnel and the public is also crucial to preventing childhood lead poisoning. Early identification of lead-poisoned children through screening can assist in preventing additional exposure. Based on guidance from the Centers for Disease Control and Prevention (CDC), an elevated blood lead level (EBL) has been defined as a level greater than or equal to 10 ug/dl. The CDC recommends that states with targeted screening programs consider screening all children who reside in wards with an EBL prevalence of = 12% or with = 27% housing built before 1950.

Lead Testing in the District of Columbia

According to data collected by the National Health and Nutrition Examination Survey (NHANES) between 1999 and 2000, an estimated 2.2% children ages 1-5 years in the United States had elevated blood lead levels. This is compared to 8.8% of children aged 1-5 years in the 1988-1991 NHANES.

In the District of Columbia 39.2%(17,862) of children under six years of age were tested for lead poisoning in 2004. Of the number tested, 332 or (2%) had elevated lead levels. In 2003, approximately 2.4% (292) children who were tested for lead had elevated lead levels. This percentage dropped to 2% in 2004. Presently, there are 172 children in case management.

The Childhood Lead Poisoning, Screening and Education Program in collaboration with the Lead Screening Advisory Committee have developed a Plan to eliminate childhood lead poisoning by the year 2010. Major activities to address surveillance, case

management, blood lead testing, coordination of resources and primary prevention will take place over the next five years. Virtually all the District of Columbia children will be screened for lead poisoning. During the five- year goal children, pregnant women, breast feeding mothers and those living in addresses with lead water level 15ppb and above will be given the highest priority for screening. CLPSEP will also collaborate with other District agencies to identify areas and persons who may be at high-risk for lead exposure. We are working specifically with the Well Infant and Child Program (WIC) to identify pregnant women and children that reside in high-risk wards and with the Department of Housing and Community Development (DHCD) and the Department of Consumer Regulatory Affairs (DCRA) to identify pre1978 and pre 1950 housing. Furthermore the discovery of lead in tap water in the District of Columbia has made it all the more important to work with the Water and Sewer Authority (WASA) to identify those homes and properties which have been contaminated.

Legislation

In response to the problem of childhood lead poisoning in the District of Columbia, the District Council enacted the Childhood Lead Poisoning Screening and Reporting Act of 2002. requiring each health care provider or facility to inform the parent or guardian of every child under the age of six to adhere to the requirement for periodic blood tests for lead poisoning as provided in Title XX. Sec.2001. The title reads as follows:

- a). Each health care provider or facility shall inform the parent or guardian of every child under the age of 6 years in the District of Columbia, served by the provider or facility, of the requirement for periodic blood tests for lead poisoning as provided in this title and rules implementing this title.
- b). A health care provider or facility shall unless parental consent is withheld or an identical test has already been performed within the last 12 months, perform a blood test for lead poisoning on every child who resides in the District of Columbia as part of a well-child care visit, once between ages 6 months and 9 months, and a second time between ages 22 months and 26 months. If a child's age exceeds 26 months, and a blood lead screening has not been performed, the child shall be screened twice prior to the age of six.

The Lead Screening Advisory Committee has forwarded an amendment to change the age of the child at initial screening from six to nine months to six to fourteen months.

The District of Columbia Targeting Plan

Methodology

The Childhood Lead Poisoning, Screening and Education Program created an independent committee consisting of Lead Screening Advisory Committee members, health care providers and community leaders in the high-risk areas to research and draft a

comprehensive targeting plan for CLPSEP. Studies reflecting the experiences in Chicago and New York were examined. These studies attempted to identify community characteristics that could aid primary prevention efforts by identifying contaminated houses before children were exposed to lead. A number of risk factors for elevated blood lead levels were looked at including socioeconomic status, housing environment characteristics, living near waste sites or solid waste incinerators where lead is a major pollutant and children whose parents or household members participate in a lead-related occupation or hobby. Several methodologies corresponding to the recommendations of the CDC found in: Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, 1977 were identified. As a result of these recommendations, the District of Columbia Targeting Plan was aimed at those residents who are at greatest risk of lead poisoning. We used our database to stratify by Wards the areas with the highest prevalence rates. Census data was analyzed focusing on the Wards with the greatest number of houses built pre-1978, pre-1950, socioeconomic factors, race and ethnicity. Reviewing the Census data and comparing it to our database helps to validate the blood lead data collected.

Findings

Data collected for 2002 showed that Wards 1,4 ,5 and 6 had the highest prevalence rates over the four year computerized database. The 1990 Census showed that Wards 1,4,5 and 6 had the highest percentage of pre-1950 housing, thereby supporting the prevalence data collected.

Conclusions

A number of areas have been identified as statistical risks for childhood lead poisoning in the District of Columbia. The 7th Street Shaw Area, Ivy City/Trinidad and Marshall Heights to mention a few are areas where children remain susceptible to lead exposure from a variety of sources , including the homes of childcare providers, relatives and friends and lead contaminated goods. The DHCD/ Lead Safe Washington Program is being funded by HUD to make these areas lead safe

Recommendations

1. Link families at high risk for lead poisoning to WASA, DHCD and CLPSEP database.
2. No child residing in the District of Columbia (DC) with a blood lead level pf 10mcg/dL or above by year 2010.
3. 86% of children in DC will have age appropriate lead screening.
4. 86% of housing that tested positive for lead will be made lead safe within months after inspection.
5. Use CLPSEP surveillance system to provide systematic; competent program planning and sound policy development for the elimination of childhood lead poisoning.

6. Provide intensive culturally and linguistically competent education to families to reduce lead exposure.
7. Enforce the Childhood Lead Poisoning, Screening and Reporting Act of 2002 to improve screening and reporting efforts, thereby increasing the DC's screening rate and providing a more accurate estimate of the prevalence of childhood lead poisoning in DC.
8. Implement stronger primary prevention activities in the District of Columbia. For example tracking and monitoring housing through CLPSEP and DHCD for screening of homes with recent renovation or repair at the time of rental and sales.
9. Increase advocacy for healthy homes and lead safe housing.
10. Create a registry of programs that promote lead poisoning prevention activities in the community. For example stores like Lowe's provide free literature on making homes lead safe.
11. Increase the number of community discussions on lead prevention activities.
12. Encourage and assist pre 1978 low-income occupants to enroll in lead hazard control programs.